DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION

CENTER FOR SUBSTANCE ABUSE TREATMENT

COMMUNITY ACTION GRANTS FOR SERVICE SYSTEMS CHANGE

SHORT TITLE: **CSAT Action Grant Program**

Program Announcement (PA) No. PA 00-002
Part I - Programmatic Guidance

Catalog of Federal Domestic Assistance (CFDA) No. 93.230

Under the authority of Section 501(d)(5) of the Public Health Service Act, as amended (42 U.S.C. 290aa), and subject to the availability of funds, the SAMHSA Center for Substance Abuse Treatment will accept applications in response to this Program Announcement for the initial receipt date of May 17,2000.

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Date of Issuance: February 2000

Part I - PROGRAMMATIC GUIDANCE
Table of Contents

[Note to Applicants: In order to prepare an application, PART II, "General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements" (February 1999 edition), must be used in conjunction with this document, PART I, "Programmatic Guidance."]

Section I - OVERVIEW

Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT) announces the availability of grant funds to support the adoption of specific exemplary practices related to the delivery or organization of services or supports into their systems of care for adolescents and adults seeking treatment for alcohol and/or other drug use problems, including women and their children.

This program, hereinafter referred to as "CSAT Action Grant Program," solicits applications to stimulate activities by communities that will result in adoption of specific exemplary service delivery practices that yield the best results for these target populations. This Program Announcement (PA) is a reissuance (with minor revisions) of prior Guidance for Applicants (GFA) by the same title, "CSAT Action Grant Program" GFA No. TI 99-003.

Eligibility

Applications for grants will be accepted from public and domestic private entities. Public entities include State and local government agencies, and federally designated Indian tribes and tribal organizations. Private entities include those organized as not-for-profits and those organized as for-profits. Such organizations include, but are not necessarily limited to, those responsible for service delivery policy, those representing consumers and families, those providing services to the target population, and those responsible for training and accrediting service providers.

Availability of Funds

It is estimated that $1,350,000 will be available to support approximate 10 awards under this PA in FY 2000. The average award is expected to ran from $50,000 to $150,000 in total costs (direct+indirect). Actual fundin levels will depend upon the availability of appropriated funds.

Grant funds may be used for any activity that is a part of the consensus building and decision-support process. **Note: Grant funds may not be used to support direct services.**

Period of Support

CSAT Action Grant projects will be funded for 1 year.

Section II - PROGRAM DESCRIPTION

<u>Supporting Documentation</u>

SAMHSA seeks to promote the adoption of exemplary practices in communities nationwide. This CSAT Action Grant Program builds on and supplements past and present agency efforts to promote the exchange of information about exemplary practices, and to help communities make and implement their own decisions designed to improve service delivery in systems of care. The CSAT Action Grant Program is intended to stimulate the adoption of exemplary practices through convening partners, building consensus, and aiding in eliminating barriers, that will result in the adaptation of service models to meet local needs. The term exemplary practice connotes that the proposed practice has a reliable record of improving outcomes for those receiving the service. A proven outcome-based record of success will be a prerequisite to Federal support for adoption of a proposed exemplary practice. Grants will not support direct funding of service delivery.

The Program is designed to encourage communities to identify and build consensus around exemplary service delivery practices that <u>meet their own needs</u>, and that meet criteria identified herein for defining what constitutes an exemplary practice. For purposes of this program, exemplary practices are limited to those that involve service delivery or the organization of services or supports. Proposed exemplary practices should be limited to practices which are consistent with the concept of "systems of care" as defined herein.

The Program is one of several that is designed within the conceptual framework of SAMHSA's Knowledge Development and Application (KD&A) mission. One aspect of the KD&A mission is to influence service systems change beneficial to persons with substance abuse problems. The mission is premised on the fundamental proposition that well-integrated, barrier-free, individual-oriented, family-centered services systems are more effective and less costly for persons with serious substance abuse problems than are fragmented service programs that are often only available where those in most need cannot access them. The KD&A process seeks to stimulate positive service system change that increases positive outcomes for consumers, and their families, as effectively and efficiently as possible. This process involves several phases in a continuum that begins with field identification of knowledge development priorities, moves through research and evaluation, into

dissemination and adoption of best practices in the field. Research and evaluation questions are driven by community needs, rather than by investigator interests. Knowledge gained becomes the subject of active discussion and analysis by decision makers and other key stakeholders. The process is successfully concluded when the knowledge developed about an exemplary practice is actually adopted by a community. Aggressive and sustained effort throughout the life of KD&A activity is the essence of SAMHSA's KD&A program. The KD&A Life Cycle looks like this:

The KDA Life Cycle
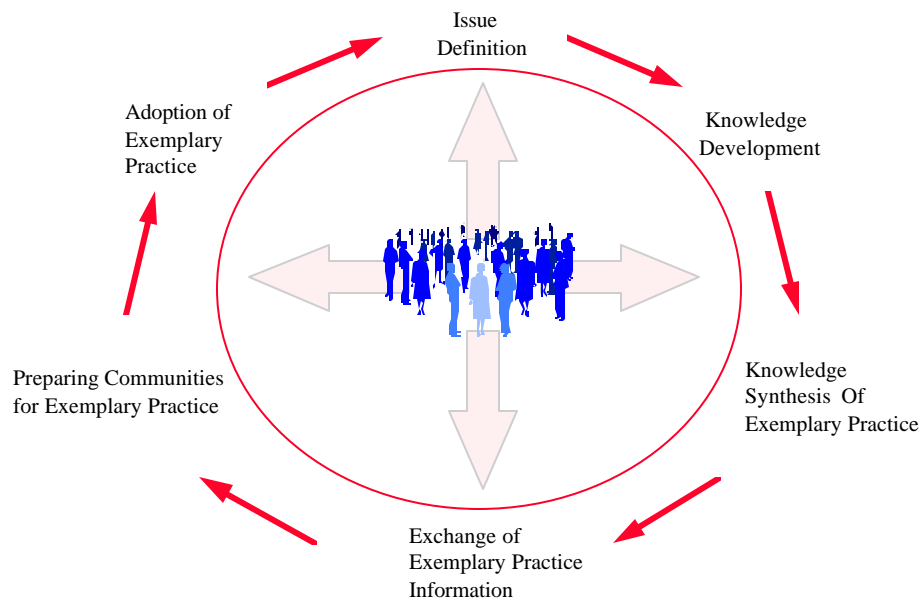
In this context, the CSAT Action Grant Program sits at the left - the application (i.e., Adoption of Exemplary Practice) end - of the KD&A Life Cycle.

Consensus Building for Systems Change

The behavioral sciences fields have generated a great deal of information that suggests the appropriateness of this step-by-step consensus building approach to improving services delivery. A body of literature has evolved that addresses techniques and processes that can be employed to achieve agreement, make decisions, and adapt social policy to community practice. Lessons include:

!   providing education and technical assistance, direct engagement
     of community leaders, families and consumers and other
     stakeholders, and creation of shared expectations and
     commitments all serve to stimulate positive systems change;

!   decisions built on consensus will be more widely supported and
     more likely to be sustained;

!   strategies at the community level that take advantage of the
     strengths and opportunities that exist in those communities are
     more likely to produce positive system change; and

!   evaluation of change processes in order to identify methods
     that work best in particular environments will aid in their
     replication in other communities.

Strategies for creating and sustaining community coalitions and other partnerships have been devised and studied in fields including education (Kochhar & Erickson, 1993; Tushnet, 1993), mental health (Center for Improving Mental Health Systems, 1995) and others (AHEC/Community Partners, 1995; Mattessich & Monsey, 1992; Schneider, 1994). Frequently, the success of such collaborative efforts hinges on their ability to empower disenfranchised groups in the community, and to deal positively with cultural diversity (Kavanaugh, 1995). Such efforts are especially effective in assessing and enhancing readiness for change in a community (Backer, 1995a), an essential ingredient for systems change.

Government agencies, foundations, and corporations are finding value in focusing on exemplary practices that are state of the art in service delivery, or in administration. Approaches to identifying exemplary practices have been developed in fields such as education, health care, and business (Backer, 1995b; Klein, 1993a,b; Powers, 1995). Exemplary practice information systems to identify, code, store, retrieve, and share this kind of information have been studied by management researchers; some of the best systems are computer aided (Goodman & Darr, 1996). Lessons learned in this diverse environment can be translated into the substance abuse field.

It has been demonstrated that once an exemplary practice is identified, its acceptance, adoption and sustained success in a community require careful attention to: (1) how is the decision to adopt communicated to all stakeholders; (2) what is the evaluative evidence to support the practice's value, as well as to address any possible downside; (3) what financial, human and other resources are needed in order to achieve effective adoption; and (4) how will the complex human dynamics of change be adequately dealt with. Many years of behavioral and management science research address these four factors for success (Agency for Health Care Policy and Research, 1992; Backer, 1993; Backer, David & Soucy, 1995; Rogers, 1995; Backer, Kuchnel & Liberman, 1986; Sechrest, et al, 1992).

Success or failure in implementing any exemplary practice depends in part, on the larger context of systems change in which the process occurs (Backer, 1995c;). Such processes can be assessed using standard methods of technology transfer evaluation (Backer, Brown & Howard, 1994; Kiresuk, 1993).

This knowledge base forms the foundation applicants should consider in developing their proposals to execute action grants in their communities.

Target Population

There are two subgroups in the target population. A project may focus on both of them, but CSAT anticipates that it generally will make sense to limit a project to only one. The subgroups are: a) adolescents with alcohol and/or illicit drug abuse problems; and b) adults with alcohol and/or illicit drug abuse problems, including women and their children affected by substance abuse. It is recognized that many individuals who are in these categories suffer from, or are at risk of, HIV infection, co-occurring disorders, homelessness, and/or physical or cognitive disabilities. Adolescents transitioning into adulthood often "fall through the cracks" in service systems, and it is the intent here to include them, where appropriate, in the adolescent subgroup population.

Note: If the program intentionally excludes any one of the populations mentioned in the SAMHSA Population Inclusion Requirement Policy, other than those programs which are specifically targeted to a particular group by design, then a justification for the exclusion must be included.

Program Plan

Goal

The goal of the CSAT Action Grant Program is to promote adoption by communities of exemplary practices in the delivery of substance abuse treatment services. Successful implementation of exemplary practices results in improved outcomes for the target population.

It is understood that adoption of exemplary practices involves more than consensus building and decisions to act. Projects under this Program will obtain a decision by developing consensus among key stakeholders to adopt an exemplary practice in substance abuse treatment services that is best for and needed in the target community. A plan for implementing the adapted practice must also be developed. Grantees and other applicants who can show that they have already developed the necessary consensus and implementation plans will be eligible to apply for additional support to aid in the actual implementation of an exemplary practice. This second phase of the grant program will be implemented if practices are, in fact, put into place in the target community and funds are available.

Design

The CSAT Action Grant Program is comprised of two types of grants:

Phase I: Preparation for adoption of an exemplary practice

Phase II: Implementation of the exemplary practice

This PA describes only Phase I grant application requirements. Based on experience with projects funded under this PA, and depending upon the availability of funds, the CSAT may issue one or more revised and expanded PAs/GFAs to cover either Phase II grants only, or both Phase I and Phase II grants.

PROJECT SUPPORT ACTIVITIES

The following are examples of potential activities that may be supported project funds:

!   education/training and technical assistance regarding: understanding and awareness of the proposed exemplary practice(s), the pros and co for adopting the practice(s), the mechanics of the consensus buildin processes, and models for technology transfer and application;

!   education and training regarding organizational and change dynamics; dissemination of information to the community-at-large; expert consultation on substance abuse issues and treatment;

!   consultation on the accommodation of any processes that may result i

the passing of local and/or state legislation essential for the
adoption and support of an exemplary practice;

!   convening and direct facilitation of the consensus building and
decision support process;

!   expert consultation on community needs assessment, service modeling
and adapting exemplary practices to unique community requirements;

!   travel and other logistical costs necessary to ensure attendance and
participation by consumers, family members and others needing
financial assistance;

!   consultation and training for consumers, family members and others o
project goals, objectives and processes within the project;

!   evaluation of the consensus building process and outcomes.

Note: Grant funds may not be used to support direct services.

Section III - PROJECT REQUIREMENTS

Project Summary: In 5 lines or fewer, 72 characters per line, applicants
must provide a summary for later use in publications, reporting to
Congress, press releases, etc., should the application be funded. This m
be the first 5 lines of the Project Abstract.

All applicants must provide the information specified below under the
proper section heading. The information requested relates to the
individual review criteria in Section IV of the PA.

A. Review of Exemplary Practices (Level I)

Description of Proposed Exemplary Practice(s)

The application must contain a concise description of the specific
exemplary practice proposed for implementation and the target population
for the practice. Applicants must ensure that the exemplary practice
proposed meets the following criteria that define what constitute an
exemplary practice:

(1) it has been validated as an exemplary practice by one or more of the
following means:

!   formal evaluation or research as evidenced by the availability of
peer-reviewed empirical findings;

! meta-analytic results on a body of investigation demonstrating effectiveness;

! evidence of significant consensus among experts, including evaluator policy-makers, providers, consumers, and families;

(2) it has been used and replicated in a different geographic area by a different service provider organization; and

(3) it has been fully documented.

In addressing the definition of exemplary practices, the application shou address each of the following criteria for qualifying a practice as exemplary:

! A detailed discussion of the basis for claiming that the proposed practice is exemplary, specifying the means of validation. It should address both the empirical evidence supporting the proposed practice and the extent of consensus among experts on the subject. Particula attention should be given to describing why the practice is exemplar for the target population and the circumstances that exist in that community.

! A description of the previous replication (s) including descriptions of the communities where the practice has been replicated.

! A detailed discussion that describes and defends the basis for claiming that the exemplary practice has been fully documented.

B. Technical Merit (Level II)

1. Project Impact/Feasibility

Applicants should describe in detail the significance of implementing the proposed exemplary practice to the community and the evidence that the expected results are likely to occur if the grant is awarded. Specifically, the applicant should include the following information:

! Describe the extent to which key stakeholders indicate support for the project. All key stakeholders, including consumers and families, should be identified and their place in the decision- making explained. A key element of a successful application will be that it assures that key decision-makers are willing to engage in discussion and make commitments including the possibility of resources. (Letters and documents should be included in Appendix 1, Letters of Coordination and Support.)

! Describe the potential barriers to project implementation and methods to overcome them. Issues (delivery system's policy and human resource needs, alternate funding sources, State legislation, systems, provider and consumer "readiness" status) currently blocking implementation of the "exemplary-practice" should be identified, described, and accompanied by a discussion of how the proposed project will overcome the barriers and result in the adoption of the exemplary practice.

! Describe how the proposed adaptations meet community needs. The anticipated changes or adaptations to the exemplary practice should convey how the balance between preserving the exemplary characteristics of the practice and accommodating local needs will be achieved.

! Describe the anticipated impact of the proposed exemplary practice on the target population.

2. <u>Project Approach/Plans</u>

Applicants must submit a work plan that describes the processes and milestones for developing agreement to implement an exemplary practice. The following information should be included:

! A description of the objectives of the project and how they will be achieved.

! Identification of the elements for systems change in the proposed exemplary practice and the methodology for adaption to local needs.

! A description of the applicant's understanding of alcohol and substance abuse issues related to the target population.

! A description of the process for identifying and convening key stakeholders and expert resources; for providing necessary orientation, training and consultation for the participants.

! A description of the proposed consensus building and decision suppor methodology and an explanation how implementation of this methodolog will result in decisions to adopt the practice.

! A detailed description of the steps to ensure consumer and family involvement in the decision-making process.

! A description of the age, cultural, language, gender issues as they relate to the proposed exemplary practice.

!   A description of the extent to which individuals representative of t
        target population are involved in the conception and planned
        implementation of the project.

3.   <u>Evaluation, Design, and Analysis Plan</u>

Applicants should clearly define the consensus building and decision-
support process that will be utilized to measure the results of the
program. (An individual project will be successful if a decision to adop
the proposed practice is made).

Each project will need to include an evaluation of the project by an
experienced, objective evaluator. The evaluation will need to
document the implementation of the project and identify factors that
contributed to the success or failure of the project's
implementation, especially in regard to the appropriateness for the
specific target population. There should also be frequent
discussions with stakeholders on the evaluation design and findings
and on the progress that is being made in their decisions to act
towards adopting the exemplary practice.

Evaluation designs should ensure the best possible assessment of the
intervention and include:

!   A detailed description of the plan to conduct an evaluation
        that will document implementation of the project.

!   A description of the design to evaluate the consensus building
        among key stakeholders as part of the decision support process.

!   A description of the qualitative and quantitative data which
        will be collected, the instruments to be used, any
        adaptations/modification to instruments for special
        populations, the schedule for data collection, who will collect
        the data, and how it will be analyzed.

!   A description of the plan to collect information and data on
        project implementation.

!   A description of plans to provide feedback from the evaluation
        to the participants.

!   A detailed description to ensure how projects plan to comply
        with the Government Performance and Results Act(GPRA)
        requirement (see Appendix C for a more detailed description of
        CSAT's GPRA strategy).

For Quarterly Reporting purposes the following activities should be

reported:

  1) Number of consensus building events (e.g.,committee meetings, meetings with stakeholder, etc);

  2) Percentage of stakeholders satisfied with these consensus building events;

  3) Percentage of stakeholders that report using information from these consensus building events.

4. <u>Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support.</u>

Project management should include the following:

! A description of the qualifications and experience of the project director, evaluator staff and other key personnel with respect to building consensus for change.

! A description of the qualifications and appropriateness of key personnel with respect to the diversity of the project's population/community and attention to cultural, language, and gender issues.

! A description of the capability and experience of the applicant organization with similar projects and populations.

! A description of the relevant experiences, capability and commitment of proposed collaborators, consultants, and subcontractors with evidence of commitment documented to the extent required and described in Part II of the PA. Letters should be attached in Appendix No. 1 - "Letters of Coordination and Support."

! A description of the project management plan including timelines and staffing patterns (e.g., rationale for percent of time for key personnel and consultants).

! A description of the relevant resources available (e.g., computer facilities).

<u>Post Award Requirements</u>

Grantees will be required to attend (and, thus, must budget for) a 3- day National Grantee meeting to be held within the first few months of the

award. A minimum of two persons (Program Director and the Program
Evaluator) are expected to attend. For budget purposes, applicants shoul
plan that this meeting will be held in the Washington, D.C., area.

Evaluation results must be included in each required interim and
final report. CSAT program staff will use this information in
determining whether or not a particular grantee has reached a
decision to implement the proposed exemplary practice (i.e., was
successful).

Section IV - REVIEW of APPLICATIONS

Guidelines

Applications submitted in response to this PA will be reviewed for
scientific/technical merit in accordance with established PHS/SAMHSA revi
procedures outlined in the Review Process section of Part II. Applicants
must review the Special Considerations/Requirements and Application
Procedures sections that follow, as well as the guidance provided in Part
II, before completing the application.

The IRG review will be conducted with two levels of review. At
Level One, the IRG will limit its review to an evaluation of the
extent to which the exemplary practice meets the specified criteria
noted in the PA for exemplary practices. Only those applications
that pass the Level One review will receive further review.

For the IRG Level Two review, the reviewers will be asked to assign
scores only to those applications that passed Level One review, and
which they consider to have sufficient technical merit for program
staff to consider for funding.

Applications that proceed to Level Two will be reviewed and evaluated
according to the review criteria that follow. The points noted for each
criterion indicate the maximum number of points the reviewers may assign
that criterion if the application is considered to have sufficient merit
for scoring. **The bulleted statements that follow each review criterion do
not have weights.** The assigned points will be used to calculate a raw sco
that will be converted to the official priority score.

**The review criteria below correspond to Section III above to assist in th
application process. Reviewers will assess responses to each review
criterion on the basis of the information provided in Section III by the
applicants. Therefore it is important for applicants to follow carefully
the outline, headings, and subheadings when providing the requested
information.**

Peer reviewers will be instructed to review and evaluate each relevant

criterion in relation to cultural competence. Points will be deducted fr
applications that do not adequately address the cultural aspects of the
criteria. (See Appendix D in Part II, for guidelines that will be used t
assess cultural competence.)

Review Criteria

A. <u>Level One</u>: <u>Review Of The Exemplary Practice</u>

The following three criteria will be used for the Level One review.
The maximum possible points are noted for each. All applications
must score a minimum of 5 points per criterion and at least 70
points total within Level One to be eligible for further review at
Level Two.

1.   The extent to which the practice has been validated as
     exemplary in community settings (45 points).

2.   The extent of evidence that the practice has been successfully
     replicated (25 points).

3. The extent to which the practice is fully documented (30 points).

B. <u>Level Two</u>: <u>Technical Merit Review</u>

The following criteria will be included in the Level Two
scientific/technical merit review of applications.

1.   <u>Project Impact and Feasibility (35 points)</u>:

!   The evidence of the extent to which key stakeholders indicate
     support for the project.

!   The extent to which potential barriers and methods for
     overcoming them for successful adoption of the exemplary
     practice are described.

!   The degree to which the proposed project and possible
     adaptations meet community needs.

!   The extent of the anticipated impact of the proposed exemplary
     practice on the target population.

2.   <u>Project Approach and Plans (40 points)</u>:

!   The extent to which the objectives of the project are achievable
     and realistic.

! The extent to which the project plan identifies the elements of systems change in the proposed practice, and includes the methodology for adaptation to local needs.

! The extent to which the project plan demonstrates an understanding of the alcohol and substance abuse issues related to the target population.

! The appropriateness of the plan for identifying and convening key stakeholders and expert resources; for providing necessary orientation, training, and consultation for the participants.

! The feasibility of the proposed consensus building plan and the appropriateness of the decision support methodology.

! The extent of consumer and family involvement in the decision-making process.

! The extent to which the project plan addresses age, cultural, language, and gender issues in the proposed exemplary practice(s).

! The extent to which the application demonstrates the involvement of representatives of the target population in the conception and planned implementation of the project.

3. Evaluation, Design, and Analysis Plan (10 points):

! The appropriateness of the plan to conduct an evaluation to document the implementation of the project.

! The appropriateness of the design to assess consensus building among key stakeholders.

! The appropriateness of evaluation measures selection; that is, validity and reliability of existing measures selected or strategies for obtaining validity and reliability of measures to be developed, and their appropriateness for the target population.

! The appropriateness of the plan to collect information and data on project implementation.

! The appropriateness of the plan to provide feedback from the evaluation to the participants.

! The extent to which the proposed project can supply the necessary agency GPRA outcomes measures.

4. <u>Project Management: Implementation Plan, Organization, Staff,
    Equipment/Facilities, and Other Support (15 points):</u>

!   The qualifications and experience of the project director,
    evaluator and other key personnel.

!   The extent to which the staffing plan reflects appropriate
    attention to the diversity of the population/community to be
    served, including culture, language, and gender issues.

!   The capability and experience of the applicant organization with
    similar projects and populations.

!   The capability, experience, and evidence of commitment of
    proposed collaborators, consultants and subcontractors.

!   The adequacy of the description of the project management plan
    including timelines and staffing patterns.

!   The extent to which the applicant and collaborators commit
    available and relevant resources to the project (e.g., computer
    facilities).

NOTE: Although the reasonableness and appropriateness of the
proposed budget for the proposed project are not review criteria for
this PA, the Initial Review Group will be asked to consider these
after the merits of the application have been considered.

Section V.   SPECIAL CONSIDERATIONS/REQUIREMENTS

SAMHSA's policies and special considerations/requirements related to this
program include:

o   Population Inclusion Requirement
o   Government Performance Monitoring
o   Healthy People 2000 (The Healthy People 2000 priority areas related
    this program are Alcohol and Other Drugs)
o   Consumer Bill of Rights and Responsibilities
o   Promoting Nonuse of Tobacco
o   Letter of Intent
o   Coordination with Other Federal/Non-Federal Programs (include
    documentation in Appendix 1)
o   Single State Agency Coordination (include documentation in
    Appendix 2)
o   Intergovernmental Review (E.O. 12372)
o   Confidentiality/SAMHSA Participant Protection. The SAMHSA CSAT
    Director has determined that projects funded under this program must

meet SAMHSA Participant Protection requirements.

Specific guidance and requirements for the application related to these policies and special considerations/requirements can be found in Part II the section by the same name.

Section VI - APPLICATION PROCEDURES

All applicants must use application form PHS 5161-1 (Rev. 6/99), which contains Standard Form 424 (face page). The following must be typed in Item Number 10 on the face page of the application form:

PA 00-002   CSAT Action Grant Program

For more specific information on where to obtain application materials an guidelines, see the Application Procedures section in Part II. Completed applications must be sent to the following address.

> SAMHSA Programs
> Center for Scientific Review
> National Institutes of Health
> Suite 1040
> 6701 Rockledge Drive MSC-7710
> Bethesda, MD 20892-7710*

*Applicants who wish to use express mail or courier service should change the zip code to 20817.

Complete application kits for this program may be obtained from the National Clearinghouse for Alcohol and Drug Information (NCADI), phone number: 800-729-6686. The address for NCADI is provided in Part II.

APPLICATION RECEIPT AND REVIEW SCHEDULE

The initial schedule for receipt and review of applications under this PA is as follows:

Receipt Date	IRG Review	Council Review	Earliest Start Date
May 17, 2000	July 2000	Sept. 2000	Sept. 2000

Thereafter, applications will be received and reviewed annually according to the following schedule:

Receipt Date	IRG Review	Council Review	Earliest Start Date

Jan 10   May/June   September   Dec. 1

Applications must be received by the above receipt dates to be accepted f
review. An application received after the deadline may be acceptable if
carries a legible proof-of-mailing date assigned by the carrier and the
proof-of-mailing date is not later than 1 week prior to the deadline date
Private metered postmarks are not acceptable as proof of timely mailing.
(NOTE: These instructions replace the "Late Applications" instructions
found in the PHS 5161-1.) If the receipt date falls on a weekend, it wil
be extended to Monday; if the date falls on a holiday, it will be extende
to the following work day.

Applicants are advised that one or more of the above receipt dates may be
withdrawn, depending on the availability of funds. The SAMHSA Center for
Substance Abuse Treatment will annually publish in the Federal Register a
Notice of Funding Availability (NOFA) and a statement of the applicable
receipt dates for this program. Applicants are strongly encouraged to
verify receipt dates and terms of funding before preparing a submitting
applications.

CONSEQUENCES OF LATE SUBMISSION

Applications received after the specified receipt dates will be returned
the applicant without review.

APPLICATION REQUIREMENTS/COMPONENT CHECK LIST

All applicants must use the Public Health Service (PHS) Grant Application
form 5161-1 (Rev. 6/99) and follow the requirements and guidelines for
developing an application presented in Part I Programmatic Guidance and
Part II General Policies and Procedures Applicable to all SAMHSA
Applications for Discretionary Grants and Cooperative Agreements.

The application should provide a comprehensive framework and description
all aspects of the proposed project. It should be written in a manner th
is self-explanatory to reviewers unfamiliar with the prior related
activities of the applicant. It should be succinct and well organized,
should use section labels that match those provided in the table of
contents for the Program Narrative that follows, and must contain all the
information necessary for reviewers to understand the proposed project.

To ensure that sufficient information is included for the technical merit
review of the application, the Programmatic Narrative section of
application must address, but is not limited to, issues raised in the
sections of this document entitled:

    1.   Program Description

2.   Project Requirements
        3.   Review of Applications

Note: It is requested that on a separate sheet of paper the name, title,
and organization affiliation of the individual who is primarily responsib
for writing the application be provided. Providing this information is
voluntary and will in no way be used to influence the acceptance or revie
of the application. When submitting the information, please insert the
completed sheet behind the application face page.

A **COMPLETE** application consists of the following components **IN THE
ORDER SPECIFIED BELOW**. A description of each of these components can
be found in Part II.

_____FACE PAGE FOR THE PHS 5161-1 (Standard Form 424 - See Appendix A in
Part II for instructions.)

_____OPTIONAL INFORMATION ON APPLICATION WRITER (See note above)

_____ABSTRACT (not to exceed 35 lines)

_____TABLE OF CONTENTS (include page numbers for each of the major sectio
of the Program Narrative, as well as for each appendix)

_____BUDGET FORM (Standard Form 424A - See Appendix B in Part II for
instructions.)

_____PROGRAM NARRATIVE (The information requested for sections A and B
the Program Narrative is discussed in the subsections with the same title
in Section III - Project Requirements, and Section IV - Review of
Applications. **Sections A and B may not exceed 25 single-spaced pages.
Applications exceeding these page limits will not be accepted for review
and will be returned to the applicant.**)

 A.   Description of Exemplary Practice (Level I)
 B.   Technical Merit (Level II)
        _____1.   Project Impact/Feasibility
        _____2.   Project Approach/Plans
        _____3.   Evaluation Design and Analysis Plan
        _____4.   Project Management: Implementation Plan, Organization S
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uipment/Facilities, and Other Resources

There are no page limits for the following sections except as noted in Biographical Sketches/Job Descriptions.

     _____C.   Literature Citations (This section must contain complete citations, including titles and all authors, for literatur cited in the application.)

     _____D.   Budget Justification/Existing Resources/Other Support

     _____Sections B, C, and E of the Standard Form 424A must be filled out according the instructions in Part II, Appendix B.

_____A line item budget and specific justification in narrative form for the first project year's direct costs AND for each future year must be provided. For contractual costs, provide a similar yearly breakdown and justification for ALL costs (including overhead or indirect costs.

_____All other resources needed to accomplish the project for the life of the grant (e.g., staff, funds, equipment, office space) and evidence that the project will have access to these, either through the grant or, as appropriate, through other resources, must be specified.

Other Support ("Other Support" refers to all current or pending support related to this application. Applicant organizations are reminded of the necessity to provide full and reliable information regarding "other support," i.e., all Federal and non-Federal active or pending support. Applicants should be cognizant that serious consequences could result if failure to provide complete and accurate information is construed as misleading to the PHS and could, therefore, lead to delay in th processing of the application. In signing the face page of the application, the authorized representative of the applicant organization certifies that the application information is accurate and complete.

For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals pending review or funding that relate to the project. If there are none, state "none." For all active and pending support listed, also provide the following information:

1. Source of support (including identifying number and title)
2. Dates of entire project period.
3. Annual direct costs supported/requested.
4. Brief description of the project.
5. Whether project overlaps, duplicates, or is being supplemented by the present application; delineate and justify the nature and extent of any programmatic and/or budgetary overlaps.

_____E.   Biographical Sketches/Job Descriptions
A biographical sketch must be included for the project director and for other key positions. Each of the biographical sketches must not exceed **2 pages** in length. In the event that a biographical sketch i included for an individual not yet hired, a letter of commitment fro that person must be included with his/her biographical sketch. Job descriptions for key personnel must not exceed **1 page** in length. Th

suggested contents for biographical sketches and job descriptions ar
listed in Item 6 in the Program Narrative section of the PHS 5161-1.

     F.   Confidentiality/SAMHSA Participant Protection
The information provided in this section will be used to determine
whether the level of protection of participants appears adequate or
whether further provisions are needed, according to SAMHSA Participa
Protection (SPP) standards. Adequate protection of participants is
essential part of an application and will be considered in funding
decisions.

Projects proposed under this announcement may expose participants to
risks in as many ways as projects can differ from each other.
Following are some examples, but they do not exhaust the
possibilities. Applicants should report in this section any
foreseeable risks for project participants, and the procedures
developed to protect participants from those risks, as set forth
below. Applicants should discuss how each element will be addressed
or why it does not apply to the project.

Note: So that the adequacy of plans to address protection of
participants, confidentiality, and other ethical concerns can be
evaluated, the information requested below, which may appear in othe
sections of the narrative, should be included in this section of the
application as well.

1.   <u>Protection from Potential Risks</u>:

   (a) Identify and describe any foreseeable physical, medical,
   psychological, social, legal, or other risks or adverse effects
   besides the confidentiality issues addressed below, which are
   due either to participation in the project itself, or to the
   evaluation activities.

   (b) Where appropriate, describe alternative treatments and
   procedures that might be advantageous to the subjects and the
   rationale for their nonuse.

   (c) Describe the procedures that will be followed to minimize o
   protect participants against potential risks, including risks t
   confidentiality.

   (d) Where appropriate, specify plans to provide needed
   professional intervention in the event of adverse effects to
   participants.

2.   <u>Equitable selection of participants:</u>

Target population(s):

Describe the sociodemographic characteristics of the target population(s) for the proposed project, including age, gender, racial/ethnic composition, and other distinguishing characteristics (e.g., homeless youth, foster children, childre of substance abusers, pregnant women, institutionalized individuals, or other special population groups).

Recruitment and Selection:

(a) Specify the criteria for inclusion or exclusion of participants and explain the rationale for these criteria.

(b) Explain the rationale for the use of special classes of subjects, such a pregnant women, children, institutionalized mentally disabled, prisoners, or others who are likely to be vulnerable.

(c) Summarize the recruitment and selection procedures, including the circumstances under which participation will be sought and who will seek it.

3.   <u>Absence of Coercion</u>:

(a) Explain whether participation in the project is voluntary o mandatory. Identify any potentially coercive elements that may be present (e.g., court orders mandating individuals to participate in a particular intervention or treatment program).

(b) If participants are paid or awarded gifts for involvement, explain the remuneration process.

(c) Clarify how it will be explained to volunteer participants that their involvement in the study is not related to services and the remuneration will be given even if they do not complete the study.

4.   <u>Appropriate Data Collection</u>:

(a) Identify from whom data will be collected (e.g., participants themselves, family members, teachers, others) and by what means or sources (e.g., school records, personal interviews, written questionnaires, psychological assessment instruments, observation).

(b) Identify the form of specimens (e.g., urine, blood), records, or data. Indicate whether the material or data will b

obtained specifically for evaluative/research purposes or
whether use will be made of existing specimens, records, or
data. Also, where appropriate, describe the provisions for
monitoring the data to ensure the safety of subjects.

(c) Provide in Appendix No. 3, entitled "Data Collection
Instruments/Interview Protocols," copies of all available data
collection instruments and interview protocols that will be use
or proposed to be used in the case of cooperative agreements.

5.   <u>Privacy and Confidentiality</u>:

Specify the procedures that will be implemented to ensure
privacy and confidentiality, including by whom and how data wil
be collected, procedures for administration of data collection
instruments, where data will be stored, who will/will not have
access to information, and how the identity of participants wil
be safeguarded (e.g., through the use of a coding system on dat
records; limiting access to records; storing identifiers
separately from data).

Note: If applicable, grantees must agree to maintain the
confidentiality of alcohol and drug abuse client records in
accordance with the provisions of Title 42 of the Code of
Federal Regulations, Part 2 (42 CFR, Part 2).

6.   <u>Adequate Consent Procedures</u>:

(a) Specify what information will be provided to participants
regarding the nature and purpose of their participation; the
voluntary nature of their participation; their right to withdra
from the project at any time, without prejudice; anticipated us
of data; procedures for maintaining confidentiality of the data
potential risks; and procedures that will be implemented to
protect participants against these risks.

(b) Explain how consent will be appropriately secured for youth
elderly, low literacy and/or for those who English is not their
first language.

Note: If the project poses potential physical, medical,
psychological, legal, social, or other risks, awardees may be
required to obtain <u>written</u> informed consent.

(c) Indicate whether it is planned to obtain informed consent
from participants and/or their parents or legal guardians, and
describe the method of documenting consent. For example: Are
consent forms read to individuals? Are prospective participant

questioned to ensure they understand the forms? Are they given copies of what they sign?

Copies of sample (blank) consent forms should be included in Appendix No. 4, entitled "Sample Consent Forms." If appropriate, provide English translations.

Note: In obtaining consent, no wording should be used that implies that the participant waives or appears to waive any legal rights, is not free to terminate involvement with the project, or releases the institution or its agents from liability for negligence.

(d) Indicate whether separate consents will be obtained for different stages or aspects of the project, and whether consent for the collection of evaluative data will be required for participation in the project itself. For example, will separat consent be obtained for the collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or services project itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

7.   Risk/Benefit Discussion:

Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

_____APPENDICES (Only the appendices specified below may be included in t application. **These appendices must not be used to extend or replace any the required sections of the Program Narrative.** The total number of page in the appendices **CANNOT EXCEED 30 PAGES,** excluding all instruments.)

      _____Appendix 1:   Letters of Coordination/Support. . . . .
      _____Appendix 2:   Copy of Letter(s) to SSA(s) . . . . . .
      _____Appendix 3:   Data Collection Instruments/Interview
                          Protocols................. . . . . . .
      _____Appendix 4:   Sample Consent Forms . . . .

_____ASSURANCES NON-CONSTRUCTION PROGRAMS (STANDARD FORM 424B)

_____CERTIFICATIONS

_____DISCLOSURE OF LOBBYING ACTIVITIES

_____CHECKLIST PAGE (See Appendix C in Part II for instructions)

TERMS AND CONDITIONS OF SUPPORT

For specific guidelines on terms and conditions of support, allowable ite
of expenditure and alterations and renovations, applicants must refer to
the sections in Part II by the same names. In addition, in accepting the
award the Grantee agrees to provide SAMHSA with GPRA Client Outcome and
Evaluation Data.

Reporting Requirements

For the SAMHSA policy and requirements related to reporting, applicants
must refer to the Reporting Requirements section in Part II.

Lobbying Prohibitions

SAMHSA's policy on lobbying prohibitions is applicable to this program;
therefore, applicants must refer to the section in Part II by the same
name.

AWARD DECISION CRITERIA

Applications will be considered for funding on the basis of their overall
technical merit as determined through the IRG and the CSAT National
Advisory Council review process.

Other award criteria may include:

C   Availability of funds;

C   Overall program balance in terms of geography (including rural/urban
     areas), race/ethnicity of proposed project population, and project
     size;

C   Balance among projects in terms of types of exemplary
     practices;

C   Overall program balance in terms of target sub-groups, (i.e.,
     adolescents and adults, including women and their children).

CONTACTS FOR ADDITIONAL INFORMATION

Questions concerning program issues may be directed to:

     Jane Ruiz
     Treatment and Systems Improvement Branch

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Division of Practice and Systems Development
Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 740
5600 Fishers Lane
Rockville, MD 20857
(301) 443-8802
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Questions regarding grants management issues may be directed to:

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Peggy Jones
Grants Management Officer
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
Rockwall II, 6th Floor
5600 Fishers Lane
Rockville, Maryland  20857
(301) 443-9666
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APPENDIX A. DEFINITIONS

Consensus is agreement among all key stakeholders that the exemplary practice can and should be implemented. Consensus must be in sufficient detail that it resolves all critical issues and represents a commitment to adopt the practice within a certain timetable. Consensus must also address the issue of the sustainability of the practice into the future once it is adopted.

Exemplary Practice Implementation is the incorporation of an exemplary practice into a system of care, including funding and maintenance of the practice supported by permanent funding sources.

Co-occurring Disorders means the simultaneous existence of a substance abuse disorder and a non-substance abuse DSM IV Axis I or II mental disorder; and the mental disorder is of a type and severity that exacerbates the substance abuse disorder and/or complicates treatment of the substance abuse disorder.

Permanent Funding Sources are State and local (City and County) governmental appropriations and private funding sources such as foundations, charitable organizations, private non-profits, lending

institutions, and private individuals.

Key Stakeholders are all those entities and individuals whose approval and support are needed in order for an exemplary practice to be implemented and sustained. They include, but are not necessarily limited to, consumers of substance abuse treatment services, families of consumers, advocates for consumers and families, elected and appointed policy makers, service system managers, service providers, and other systems such as legal, educational, welfare, and social services.

State is any of the 50 states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Northern Mariana Islands, American Samoa and the Trust Territory of the Pacific Islands.

 A System of Care meets these six criteria: (1) it is comprehensive - it provides directly or through referral for all needed services; (2) it is community based - it reflects the values of the community and includes a reasonable measure of local control; (3) it is coordinated/integrated - it ensures effective collaboration/integration among the providers of all needed services; (4) it is flexible - it provides for individualized care that meets the particular circumstances of each individual and family, and includes services that may not be part of mainstream practice; (5) it is family centered - it involves family advocacy organizations and individual family members in every aspect of service delivery including planning, budgeting, implementation and evaluation; and (6) it is culturally appropriate (see Part II, Appendix D "Guidelines for Assessing Cultural Competence").

Community is the geo-political entity or geographic area in which the proposed exemplary practice is to be implemented. It can be a county, a city or other municipality, or a state. It can be an Indian tribe or tribal organization. It can be a geographical area that is not coterminous with a geo-political entity where the individuals residing in that area share common cultural or other characteristics (for example, a particular region or neighborhood of a large city).

Practice is any consistently applied service delivery mechanism intended to improve outcomes for individuals with a substance abuse disorder(s). It might be specific, such as a precise clinical or related service protocol designed to ameliorate one aspect of an individual's disorder or it might be general such as a set of principles and criteria for treating individuals within the target population. In both cases, the practice must be fully documented with a detailed description of all the key operational components.

APPENDIX B. REFERENCES

Agency for Health Care Policy and Research. (1992). <u>An annotated bibliography: Effective dissemination to health care practitioners and policy makers</u>. Rockville, MD: Author.

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Backer, T.E., Brown, B.S. & Howard, E.A. (1994). <u>Evaluating drug abuse technology transfer: An analytic review.</u> Los Angeles: Human Interaction Research Institute.

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Goodman, P.S. & Darr, E.D. (1996). Exchanging best practices through computer-aided systems. <u>Academy of Management Executive</u>, 1996, 10(2), 7-19.

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McLellan, Thomas A., Hagan, Teresa A., Levine, Marvin, Gould, Frank, Meyers, Kathleen, Bencivengo, Mark, & Durell, Jack (1998). Supplemental social services improve outcomes in public addiction treatment. Addiction, 1998, 93(10), 1489-1499.

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Tushnet, N. (1993). A guide to developing educational partnerships. Washington, DC: U.S. Department of Education, Office of Educational Research and Improvement.

APPENDIX C. CSAT's GPRA STRATEGY

OVERVIEW

The Government Performance and Results Act of 1993 (Public Law-103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to "explain" their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President's Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

DEFINITIONS

Performance Monitoring   The ongoing measurement and reporting of program accomplishments, particularly progress towards preestablished goals. The monitoring can involve process, output, and outcome measures.

Evaluation   Individual systematic studies conducted periodically or "as needed" to assess how well a program is working and why particular outcomes have (or have not) been achieved.

Program   For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established.[1]

Activity   A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.

Project   An individual grant, cooperative agreement, or contract.

CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as

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[1]GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's <u>Performance Measures of Effectiveness:</u>

<p align="center">Reduce the Health and Social Costs Associated with Drug Use.</p>

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in <u>Performance Measures of Effectiveness</u> to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these "end" outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a

means of providing feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

CSATs "PROGRAMS" FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or "programmatic goals" for GPRA reporting purposes:

! Goal 1: Assure services availability;

! Goal 2: Meet unmet and emerging needs;

! Goal 3: Bridge the gap between research and practice;

! Goal 4: and Enhance service system performance[2]

The following table provides the crosswalk between the budget/statutory authorities and the "programs":

	KD&A	TCE	SAPTBG	NDC
Goal 1			X	
Goal 2		X		
Goal 3	X			
Goal 4			X	X

KD - Knowledge Development   SAPTBG - Substance Abuse Prevention and Treatment Block Grant
KA - Knowledge Application   TCE - Targeted Capacity Expansion
NDC - National Data Collection/Data Infrastructure

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance measures or methods for collecting and analyzing the data.[3] In the following

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[2]Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

[3]Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of treatment

sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OA and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented <u>for discussion purposes</u>.

1. ASSURE SERVICES AVAILABILITY

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)

- Increase % of adults receiving services who:
  (a) were currently employed or engaged in productive activities;
  (b) had a permanent place to live in the community;
  (c) had no/reduced involvement with the criminal justice system.

- Percent decrease in
  (a) Alcohol use;
  (b) Marijuana use;
  (c) Cocaine use;
  (d) Amphetamine use
  (e) Opiate use

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

- Increase % of States that express satisfaction with TA provided
- Increase % of TA events that result in systems, program or practice improvements

2. MEET UNMET OR EMERGING NEEDS

Into this program goal area fall the major services activities of CSAT: Targeted Capacity

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is the principal purpose of the activity (i.e., Goals 2 and 3).  The
client outcome measures will be presented under Goals 2 and 3.
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Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

!	Were identified needs met?
!	Was service availability improved?
!	Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

!	Percent of adults receiving services increased who:
	a) were currently employed or engaged in productive activities
	b) had a permanent place to live in the community
	c) had reduced involvement with the criminal justice system
	d) had no past month use of illegal drugs or misuse of prescription drugs
	e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs

!	Percent of children/adolescents under age 18 receiving services who:
	a) were attending school
	b) were residing in a stable living environment
	c) had no involvement in the juvenile justice system
	d) had no past month use of alcohol or illegal drugs
	e) experienced reduced substance abuse related health, behavior, or social. consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE

This "program" or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT's portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

!   Knowledge was developed; and
!   The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee, as is done for grant application review or "field reviewers", as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).[4]   In addition, input on other topics (such as what additional work in the area may be needed, substantive and "KD process" lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 PROMOTE THE ADOPTION OF BEST PRACTICES

This "program" involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.[5] Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the

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[4]The ratings would include constructs such as adherence to GFA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

[5]Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see "Enhance Service System Performance," below).

Implementing Best Practices Grant program will be added.

Activities in this program have the purpose of moving "best practices", as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a "best practice."[6] In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. ENHANCE SERVICE SYSTEM PERFORMANCE

As described earlier, this programmatic goal is distinguished from "Promote the adoption of best practices" primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on "systems" rather than more broadly on "services." The CSAT activities that fall into this goal are the STNAP and TOPPS. While CSAT has established performance measures for these activities individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of "Promoting the adoption of best practices."

EVALUATIONS

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the

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[6]Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

opportunity to design and conduct evaluations that are tied to "real" management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.